

41

1625

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of

: Confirmation No. 5080 **RECEIVED**

Keiichi IMAMURA et al.

: Atty Docket No. 2001\_0555A **DEC 19 2003**

Serial No. 09/830,923

: Group Art Unit 1625 **DEC 19 2003**

Filed August 9, 2001

: Examiner Binta M. Robinson

PICOLINAMIDE DERIVATIVES AND PEST  
CONTROLLERS CONTAINING THE SAME  
AS THE ACTIVE INGREDIENT:  
:  
:**PATENT OFFICE FEE TRANSMITTAL FORM**

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Attached hereto is a check in the amount of \$986.00 to cover Patent Office fees relating to filing the following attached papers:

Petition for Extension of Time ..... \$950.00

Additional Claims Fee Transmittal Letter

Excess of Twenty ..... \$36.00

A duplicate copy of this paper is being submitted for use in the Accounting Division, Office of Finance.

*The Commissioner is authorized to charge any deficiency or to credit any overpayment associated with this communication to Deposit Account No. 23-0975, with the EXCEPTION of deficiencies in fees for multiple dependent claims in new applications.*

Respectfully submitted,

Keiichi IMAMURA et al.

THE COMMISSIONER IS AUTHORIZED  
TO CHARGE ANY DEFICIENCY IN THE  
FEES FOR THIS PAPER TO DEPOSIT  
ACCOUNT NO. 23-0975

By

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Registration No. 25,134

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MRD/tg

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December 17, 2003

[Check No. 59279]

2001\_0555A



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In re application of : **Confirmation No. 5080**  
Keiichi IMAMURA et al. : Docket No. 2001\_0555A  
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PEST CONTROLLERS CONTAINING THE :  
SAME AS THE ACTIVE INGREDIENT :

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TECHNICAL

**ADDITIONAL CLAIMS FEE TRANSMITTAL LETTER**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application. Additional fees required as a result of this Amendment are calculated as follows:

	SMALL ENTITY		LARGE ENTITY
Total Claims exceeding 20 (not already paid for): 2 x	(\$ 9 = \$)	or	(\$18 = \$36.00)
Indep. Claims exceeding 3 (not already paid for): x	(\$43 = \$)	or	(\$86 = \$)
<input type="checkbox"/> Multiple Dep. Claim(s) (if there previously were none): +	(\$145 = \$)	or	(\$290 = \$)
Total Additional Fee =	\$	or	<u>\$36.00</u>

- ☐ Small entity status of this application is established by the verified statement under 37 C.F.R. 1.9 and 1.27 which
- ☐ is enclosed or
- ☐ has been previously submitted.

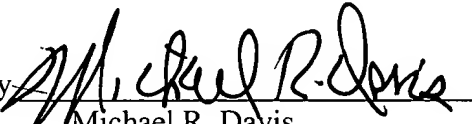
☒ [X] A check in the amount of \$36.00 is enclosed.

☐ [] Please charge Deposit Account No. 23-0975 the amount of \$ to cover additional fee. The Commissioner is authorized to charge any deficiency associated with this communication or to credit any overpayment to the Deposit Account. The original and two copies of this document are enclosed.

Respectfully submitted,

Keiichi IMAMURA et al.

THE COMMISSIONER IS AUTHORIZED  
TO CHARGE ANY DEFICIENCY IN THE  
FEES FOR THIS PAPER TO DEPOSIT  
ACCOUNT NO. 23-0975

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